DHCS LIEN PROCESS:MEDICAL MALPRACTICE

DHCS will send a "lien" or "no lien" letter to the appropriate parties.

Once payment data arrives, a DHCS Representative will review and create a lien, if applicable.

> DHCS orders payment data from Managed Care Plan (MCP).

Injury is reported via Online Forms

If ineligible, DHCS sends a "no eligibility letter" to the submitting party.

DHCS checks for Medi-Cal eligibility

COLOR KEY

- Attorney, Insurance, or Beneficiary
- DHCS Process
- Collection Representative

If eligible, a Personal Injury case is created

Final Date of Treatment (FDOT) or Settlement Date (SD) available?

A DHCS
Representative will contact the attorney, insurance, or beneficiary to request a filed complaint or written demand.

Data may be ordered from multiple MCPs if the beneficiary is enrolled in multiple plans during the treatment period.

MCPs usually respond to DHCS' request for records within 120 days. However, additional time may be needed when records need to be ordered from multiple Independent Physician Associations (IPAs).

Prior to ordering payment data DHCS will allow 120 days to pass from FDOT or SD, whichever occurred first.

Per Welfare & Institutions Code section 14115, providers have up to one year from the date of service to bill Medi-Cal. Providers typically bill Medi-Cal within four months of the date of service.

If not, a DHCS Representative will contact the attorney, insurance, or beneficiary to request FDOT/SD. A preliminary lien can be requested if there is no FDOT or SD. Per Welfare & Institutions Code section 14124.785, the lien is not considered final until all actions or claims associated with the injury have been reached.

